FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	(See instruction		N				0//			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar	nple: If typying the lines	g, type	12FI	=4M5	Office	e use only		
Glacier PAC	111111					1 1	1 1	<u> </u>			
	<u> </u>	<u> </u>					<u> </u>				
ADDRESS (number and	street) 818	Connecticut Ave.	, NW			1.1	1 1	<u> </u>			
(Check if add is changed)	ress	e 1009 hington				DC	<u></u>	<u> </u>	20006	<u> </u>	
			CITY			STATE	•		ZIP C	ODE 🔺	
COMMITTEE'S E-MA	AIL ADDRESS .igncompliance.ne	et									1
		<u> </u>						Ш.		Ш	
	DAGE ADDRESS (I	IIII						Ш_		Ш	
COMMITTEE'S WEE	PAGE ADDRESS (C	nL)									
								—		Ш	
2027759447 2. DATE 0.	M / D D / Y	2006°									
3. FEC IDENTIFIC	ATION NUMBER		C COO	353953	•	1					
4. IS THIS STATE	MENT NEV	/ (N) OR	X	AMEND	DED (A)						
I certify that I have exam	nined this Statement and	to the best of my know	vledge an	d belief it is tru	e, correct ar	nd comple	ete				
Type or Print Name of	f Treasurer	Bill Kennedy									
Signature of Treasure	er Electronically File	d by Bill Kenne	dy			Date	^M 0 2	M /	13	Y	2006
NOTE: Submission of fa		nplete information may							2 U.S.C. \$	S437g.	
Office Use Only				For further in Federal Electi Toll Free 800- Local 202-694	ion Commis -424-9530			F	FEC FO		

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5.	TYPE OF COMMITTEE (Check One)							
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)							
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cal information below.)								
	Name of Candidate							
	Candidate Office House Senate President	State District						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate							
		Democratic, lepublican,etc.) Party.						
	(e) This committee is a separate segregated fund							
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.								
6.	Name of Any Connected Organization or Affiliated Committee							
L								
	Mailing Address							
	1	1						
	OITV A CTATE A	71D CODE A						
CITY▲ STATE ★ ZIP CODE ▲								
Relationship Type of Connected Organization:								
								Corporation Corporation w/o Capital Stock Labor Organiza
	Membership Organization Trade Association Cooperative							

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Write or Type Committee Name								
Glacier PAC								
Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.								
Full Name Holly Gia	nraputo							
Mailing Address	3615 Fels Lane							
- -	Ellicott City	<u>MD</u>	21043					
Title or Position ▼	CITY A	STATE	ZIP CODE A					
Comptroller		202 Telephone number	_					
of Treasurer Mailing Address Bill Kenn	818 Connecticut Ave.	, NW						
-	Suite 1009							
-	Washington	DC	20006 –					
Title or Position ▼	CITY A	STATE▲	ZIP CODE A					
Treasurer		Telephone number 202	496 3458					
Full Name of Designated Agent								
Mailing Address								
-								
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A					
		Telephone number						

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9.	Banks or Other Depositories: safety deposit boxes or maintain	,	ts, rents
	Name of Bank, Depository, etc.		
	Bank o	f America	
	Mailing Address	9150 Baltimore National Pike	
		Ellicott City MO 2104	42 _

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷